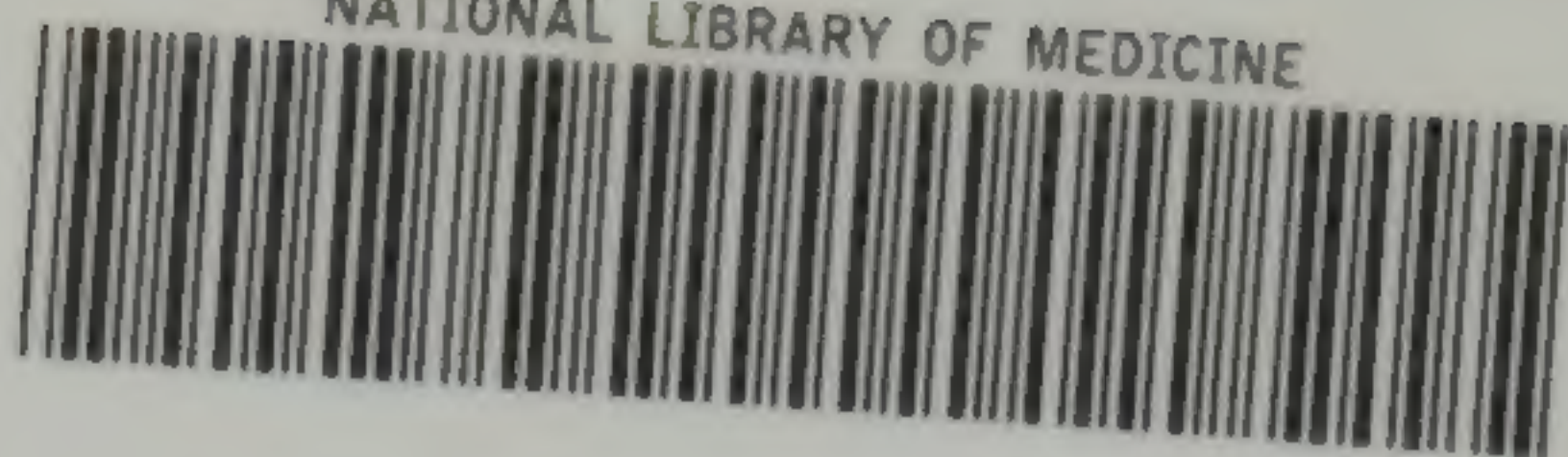






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A

# GYNÆCOLOGICAL RECORD,

DESIGNED FOR

PRACTITIONERS AND STUDENTS OF MEDICINE,

BY

✓  
AKIN C. MILLER, M. D.

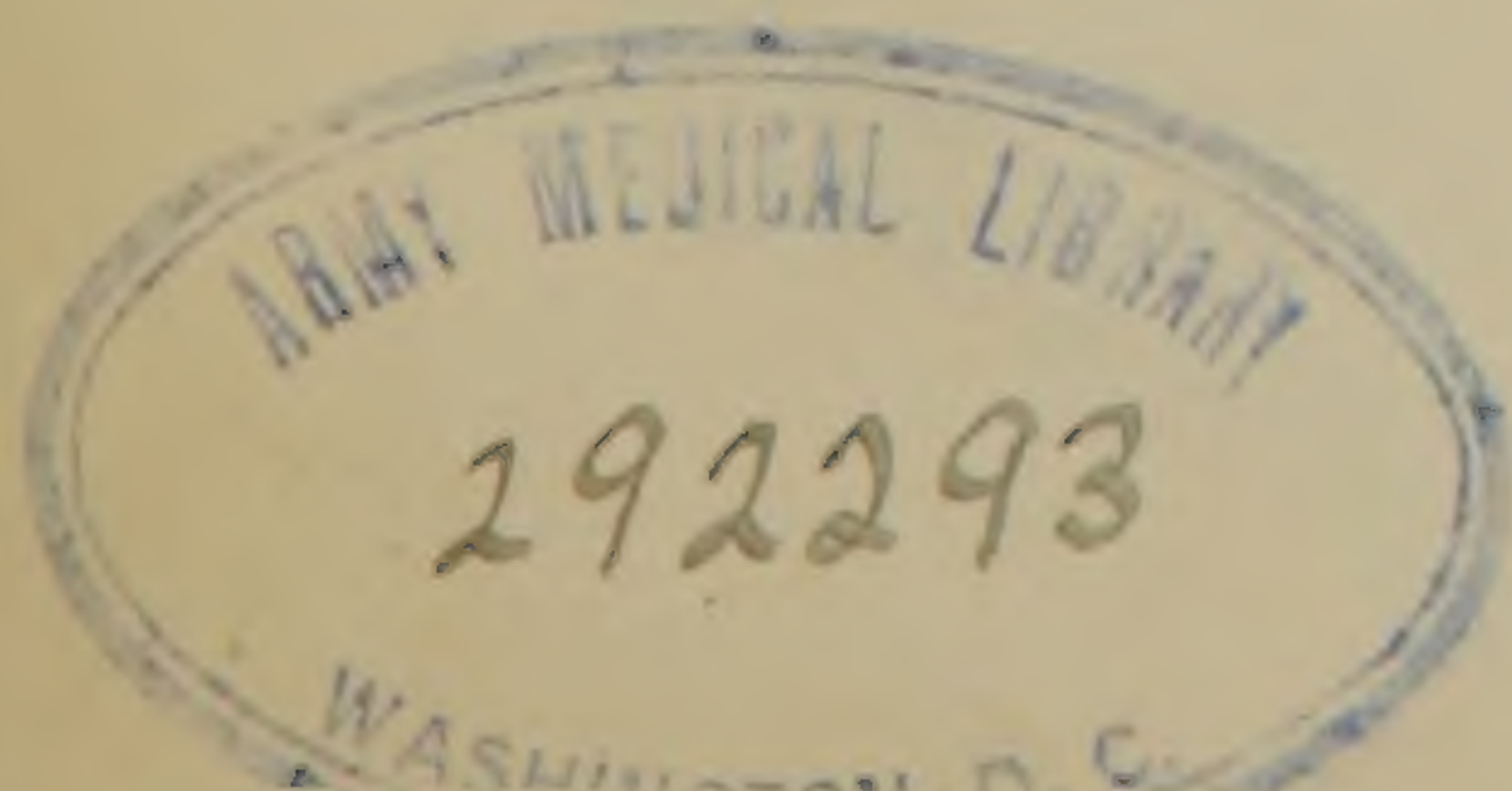
*Professor of Didactic and Clinical Diseases of Women in the Medical  
Department of the University of Wooster, at Cleveland,  
Ohio; Member of the American Medical  
Association, etc. etc. etc.*

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CLEVELAND, O.

1884.



*Do Vany  
printer*

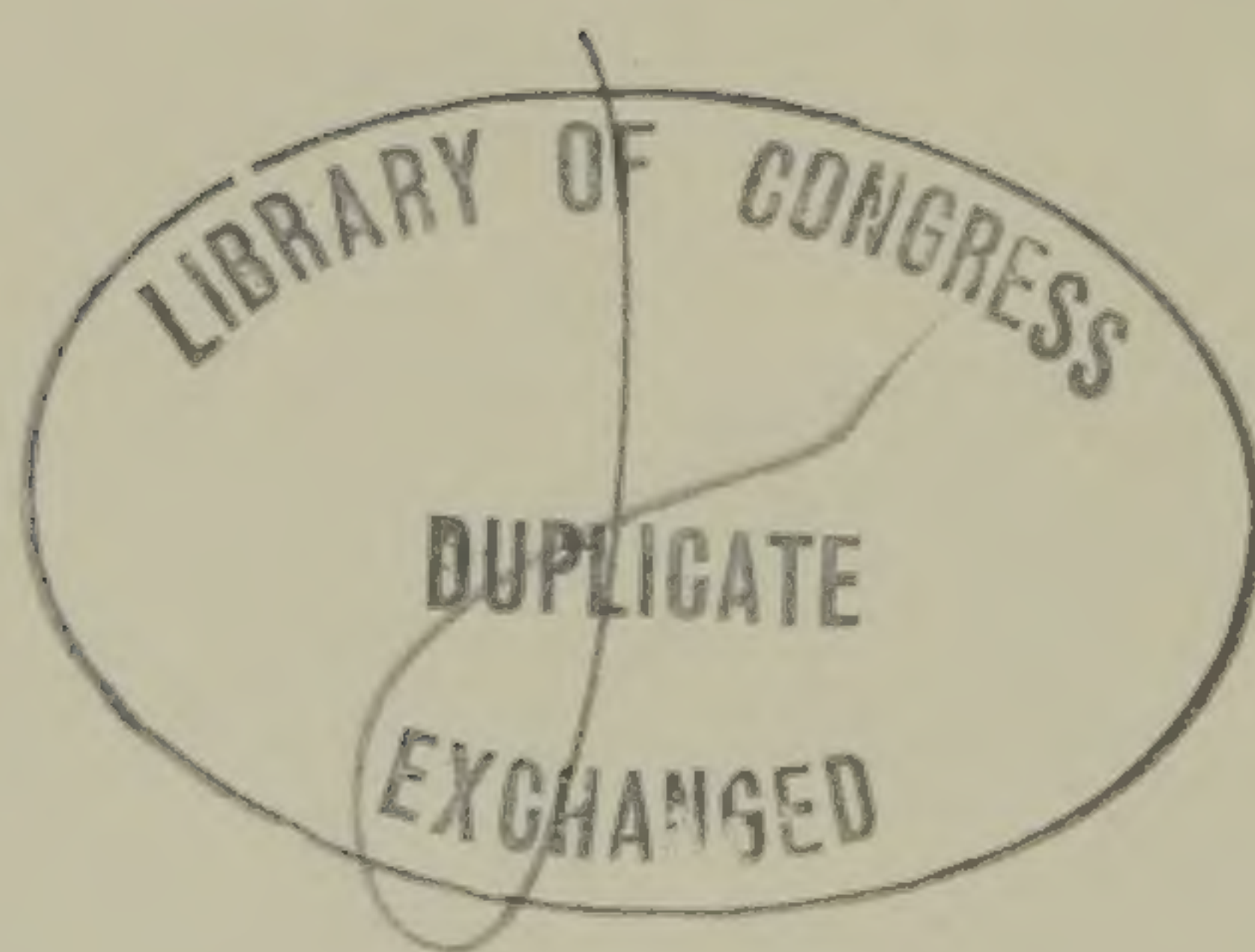


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DE VENY, Printer.



TO THE STUDENTS  
OF THE  
MEDICAL DEPARTMENT  
OF THE  
UNIVERSITY OF WOOSTER

*This little volume is respectfully dedicated. It has been prepared, at their request, as an aid to them, in following the course pursued by me, in my clinics at the University.*

*Its present arrangement is crude and unfinished, but I hope in the near future to furnish them with something better.*

*ITS OBJECT is to teach the student system in his examinations, so that he can readily make his diagnosis by a comparison of normal and abnormal conditions. The recipes, found within, are some of the most prominent ones used in my clinic, as well as in my private practice. They are intended to assist the student in obtaining a correct idea of the remedies usually indicated in gynæcological practice, and not a basis upon which to found a routine system of prescribing. Some of them are the product of abler minds than my own; the names appended being a sufficient guarantee of their merit.*

*Respectfully,*

*A. C. M.*







## GYNÆCOLOGICAL RECORD,

DESIGNED FOR

PRACTITIONERS AND STUDENTS OF MEDICINE.

## Internal Remedies,

## TONICS—Calybeate.

(1)

R. Tinct. ferri chloridi, fl. ℥ iv.  
 Potassæ chloratis sat. sol. fl. ℥ iv.  
 Spiritūs rect. dil. fl. ℥ jss.  
 Syrupi simplicis, ad fl. ℥ viij.

M. et Sig.

Take a tablespoonful after meals in water.

(2)

R. Tinct. ferri chloridi, fl. ℥ iv.  
 Solutionis strychniæ, (Hall's) fl. ℥ i.  
 Spiritūs recti. dil. fl. ℥ iij.  
 Syrupi simplicis, ad fl. ℥ vj.

M. et Sig.

Take a dessertspoonful after meals in water.

(3)

R. Tinct. ferri chloridi, fl. ℥ iij.  
 Acid. phosphorici dil. fl. ℥ iij.  
 Tinct. gentianæ comp. fl. ℥ iij.  
 Aquæ puræ, fl. ℥ iij.  
 Syrupi simplicis, ad fl. ℥ viij.

M. et Sig.

Take a tablespoonful after meals in water.

(4)

R. Pulveris ferri sulphatis exsic. ℥ iij.  
 Potassæ carbonatis, āā  
 Mucilaginis tragacanthæ, q. s.  
 M. et ft. pil. No. 48

Sig.—Take from one to three pills three times a day.  
 BLAUD.

(5)

R. Pilulæ aloes et ferri, (U. S. P.) No. xij.  
 Sig.—Take one pill after meals.

(6)

R. Pulveris ferri sulphatis exsic. ℥ ss.  
 Potassii bromidi, ℥ i.  
 Calumbæ rad. contus. ℥ i.  
 Aquæ bul. Oj.

M.—Steep for 24 hours and strain.

Sig.—Take a tablespoonful after or before meals in a glass of cold water.  
 PROF. GOODELL.

(7)

R. Acid. arseniosi, āā gr. 1-35.  
 Strychniæ sulph. gr. 1-5.  
 Ext. belladonnæ, gr. jss.  
 Cinchonæ sulph. gr. ijss.  
 Pil. ferri carb.

M. et ft. pil.

No. 1.

Sig.—Take a pill three times a day after meals.

PROF. GOODELL.

(8)

R. Ferri pyrophos. ℥ i.  
 Zinci valerianatis, ℥ i.  
 Strychniæ sulph. gr. i.

M. et ft. pil.

No. 30.

Sig.—Take a pill three times a day before meals.

## TONICS—Bitter.

(9)

R. Humuli,  
 Gentianæ rad.  
 Glycyrrhizæ rad. āā ℥ i.  
 Caryophylli, ℥ iij.  
 Aurantii cort. rec. ℥ iij.

Reduce to coarse powder.

Aquæ bul.

Oj.

M. Infuse six hours, express, strain and Add

Alcoholis,

℥ iij.

Aquæ font. q. s.

ad

Oj.

Sig.—Take half to a wineglassful before meals.

(10)

R. Calumbæ rad.  
 Rhei rad. āā ℥ iv.  
 Pruni virgin. cort.  
 Salviæ fol.

Anisi sem.

āā

℥ iv.

Reduce to coarse powder.

Glycerinæ,

℥ i.

Alcoholis,

℥ iij.

Aquæ font.

Oj.

M—Infuse (cold) twenty-four hours, express and strain.

Add water q. s. to make a pint.

Sig.—Take half to a wineglassful before meals.



## TONICS—Bitter. (Continued.)

(11)

R. Acid. nitro-muriatici dil.  
Tinct. chloroformi comp.      āā      ʒ iv.  
Tinct. aurantii cort.  
Syrupi limonis,      āā      ʒ ij.  
Aquæ puræ,      ad      ʒ viij.  
M. et Sig.  
Take a tablespoonful after meals in water.

(12)

R. Tinct. gentianæ comp.  
Tinct. cinchonæ comp.      āā      ʒ ij.  
Syrupi zingiberis,  
Syrupi limonis,      āā      ʒ i.  
M. et Sig.  
Take a dessertspoonful before meals.

(13)

R. Tinct. gentianæ comp.  
Tinct. rhei et aloes,  
Elix. cinchonæ comp.      āā      ʒ ij.  
M. et Sig.  
Take a dessertspoonful before meals.

(14)

R. Acid. phosphorici dil.      ʒ i.  
Tinct. nucis vomicæ,      ʒ vi.  
Tinct. serpentariæ,      ʒ ij.  
Aquæ gaultheriæ,      ʒ ij.  
Syrupi limonis,      ad      ʒ viij.  
M. et Sig.  
Take a dessertspoonful before meals in water.

## TONICS—Alterative,

(15)

R. Hg. chloridi corros.      gr. i-ii.  
Liq. arsenici chloridi,      fl. ʒ i.  
Tinct. ferri chlor.      fl. ʒ iv.  
Acid. hydrochlor. dil.      fl. ʒ iv.  
Syrupi simp.      fl. ʒ iiij.  
Aquæ dest.      ad      fl. ʒ viij.  
M. et Sig.  
Take one or two teaspoonfuls after meals in water.  
DR. A. H. SMITH.

(16)

R. Potassii iodidi,      ʒ i.  
Tinct. gentianæ comp.      fl. ʒ j.  
Tinct. zingiberis,      fl. ʒ iiij.  
Spiritūs recti. dil.      fl. ʒ ij.  
Aquæ menth. pip.      fl. ʒ j.  
Syrupi simp.      ad      ʒ vi.  
M. et Sig.  
Take a dessertspoonful three times a day after meals.

(17)

R. Potassii bromidi,  
Ammonii bromidi,      āā      ʒ ss.  
Acid. hydrobromici dil.      fl. ʒ iv.  
Tinct. digitalis,      fl. ʒ iv.  
Aquæ dest.      fl. ʒ iiij.  
Syrupi simp.      ad      fl. ʒ vj.  
M. et Sig.  
Take a dessertspoonful after meals in water.

(18)

R. Vini ergot.      ʒ vi. <sup>+</sup>  
Ammonii bromidi,      ʒ iiij.  
Potassii bromidi,      ʒ v.  
Tinct. nucis vom.      ʒ ij.  
Infusi gentianæ comp.      ad      ʒ viij.  
M. et Sig.  
Take a dessertspoonful between meals in water.

## ANTI-DYSPEPTICS AND LAXATIVE.

(19)

R. Strychniæ sulph.      gr. 1-20.  
Pulveris ipecac.      gr. 2-3.  
Pulveris piper. nig.      gr. 1½.  
Ext. gentianæ,      gr. i.  
M. et ft. pil.      No. 1.  
Sig.—Take a pill after meals.      FOTHERGILL.

(20)

R. Strychniæ sulph.      gr. i.  
Pulveris ipecac.      gr. viij.  
Ext. belladonnæ,      gr. iv.  
Pilulæ hg.      ʒ i.  
Ext. colocynth. comp.      ʒ j.  
M. et ft. pil.      No. 40.  
Sig.—Take a pill three times a day after meals.

(21)

R. Sodæ bicarb.      ʒ i.  
Sodæ et potassæ tart.      ʒ iiij.  
M. et Sig.  
Take a teaspoonful in a glass of cold water in the morning on rising.

(22)

R. Hg. chloridi mite.      gr. iv.  
Podophylli resinæ,      gr. ij.  
Ext. belladonnæ fol.      gr. ij.  
Ext. nucis vom.      ʒ j.  
Aloin,      ʒ ij.  
Ext. gentianæ,      ʒ ij.  
M. et ft. pil.      No. 40.  
Sig.—Take a pill morning and evening.

(23)

R. Magnesiæ sulph.      ʒ ij.  
Ferri sulph. exsic.      gr. xvj.  
Acid. sulphurici dil.      ʒ ij.  
Aquæ puræ,      ad      ʒ j.  
M. et Sig.  
Take two tablespoonfuls in a glass of cold water each morning on rising.      PROF. GROSS.

(24)

R. Lady Webster's dinner pill, (U. S. P.)  
Sig.—Take one or two pills before meals.



## CATHARTICS.

(25)

R. Pilulæ cathartici comp. (U. S. P.)

Sig.—Take a pill morning and evening.

(26)

R. Ext. colocynth. comp. ℥i.  
 Ext. hyoscyami, gr.xv.  
 Pulveris aloes soc. gr.x.  
 Ext. nucis vom. gr.v.  
 Podophylli,   
 Ipecac. pul. āā  
 M. et ft. pil. No. 12. gr.i.

Sig.—Take two pills each morning.

PROF. BARKER.

(27)

R. Hg. chloridi mite, gr.xx.  
 Ext. hyoscyami, gr.iv.  
 Aloin, gr.xx.  
 Mucilaginis tragacanthæ, q. s.  
 M. et ft. pil. No. 20.

Sig.—Take a pill on going to bed.

(28)

R. Pilulæ aloes et myrrhæ, (U. S. P.)

Sig.—Take two to four pills on going to bed.

(29)

R. Sennæ fol. ℥i.  
 Prunorum, lb.ss.  
 Aquæ bul. Oj.

Infuse senna in water two hours, and strain over prunes in a pan and cook slowly until done.

Sig.—Take one or two Prunes in the morning before breakfast.

PROF. MEIGS.

## CARMINATIVE CATHARTICS.

(30)

R. Pilulæ aloes et assafœtidæ, (U. S. P.)

Sig.—Take two to five pills on going to bed.

(31)

R. Sennæ fol.   
 Mannæ flake, āā ℥ss.  
 Rhei rad. ℥ij.  
 Caryophylli, ℥i.  
 Aurant. cort. ℥ij.

M.—Reduce to coarse powder. Add Oj.  
 Aquæ bul.

Infuse two hours, express and strain.

Sig.—Take one or two wineglassfuls in the morning before breakfast.

(32)

R. Mannæ flake, ℥i.  
 Anisi sem. ℥i.  
 Magnesiae calc. ℥iij.  
 Aquæ bul. ℥viiij.

Add manna and anise to water, infuse one hour, strain and add magnesia.

Take a wineglassful every two hours until it operates.

DR. BROWN, VA.

(33)

R. Ext. sennæ, āā fl. ℥vj.  
 Sryupi zingib. fl. ℥ss.  
 Tinct. jalapæ, gtt xl.  
 Tinct. nucis vomicæ,

M. et Sig.

Take a tablespoonful in a wineglassful of sweetened water as required.

PROF. BARKER.

## URINARY SEDATIVES.

(34)

R. Elix. humuli, fl. ℥i.  
 Elix. ammoniæ valerianatis, fl. ℥ss.  
 Syrupi lactucarii, fl. ℥ss.

M. et Sig.

Take a dessertspoonful as required.

PROF. GOODELL.

(35)

R. Atropiæ, gr.j.  
 Acid. acetici, gtt xx.

Alcoholis,  
 Aquæ dest. āā fl. ℥ss.

M. et Sig.

Take four drops three times a day.

PROF. GOODELL.

(36)

R. Liq. potassæ, ℥ss.  
 Hyoscyami tinct. ℥i.  
 Canabis ind. tinct. ℥ss.

M. et Sig.

One-half to one teaspoonful every four hours in half a glass of cold water.

## Local Remedies.

(1)

R. Acid. tannici, ℥i.  
 Glycerinæ, ad ℥iv.

M.—With heat.

(2)

R. Tinct. iodinii comp. ℥iss.  
 Acid. carbol. ℥ss.  
 Glycerinæ, ℥i.

M.

(3)

R. Acid. carbolic, ℥iv.  
 Brominii, ℥ij.  
 Glycerinæ, ad ℥ij.

M.

(4)

R. Hg. chloridi corros. ℥ii.  
 Collodii, ℥i.

M.



## Local Remedies. (Continued.)

(5)

℞. Aluminii sulph.	℥ iiss.	
Acid. carbolic,	℥ ss.	
Glycerinæ,	℥ xx.	

M.  
An excellent application when cotton pessaries are used in vagina.

(6)

℞. Acid. carbolic,	℥ iv.	
Brominii,	℥ iv.	
Chloral. hydratis,	℥ iv.	
Glycerinæ,	℥ iv.	
ad.		

M.

(7)

℞. Iodinii resublimati,	℥ ss.	
Chloralis,	℥ i.	
Acid. carbolic cryst.	℥ i.	

Rub iodine and chloral to powder and add acid liquified by heat.

DR. J. P. THOMAS, Ky.

(8)

℞. Acid. chromici,	℥ ij.	
Chloral. hydratis,	℥ iv.	
Aquæ dest.	℥ ij.	
ad		

M.

(9)

℞. Iodoformi,	℥ iv.	
Brominii,	℥ ij.	
Glycerinæ,	℥ iv.	
ad		

M.

(10)

℞. Acid. benzoici,	℥ ij.	
Morphiæ sulph.	gr. xx.	
Glycerinæ,	℥ iv.	
ad		

M.

(11)

℞. Iodinii,	gr. xx.	
Collodii,	℥ i.	

Dissolve iodine in collodion.

### CAUSTICS.

Acid. nitricum, (C. P.)  
 Acid. nitricum, (fuming),  
 Acid. chromicum,  
 Acid. carbolicum,  
 Brominium,  
 Iodinium, (saturated alcoholic tinct.)  
 Iodinium, (saturated æthereal tincture),  
 Argenti nitras, (stick),  
 Argenti nitras, (solution).

### STIMULANTS AND STYPTICS.

Acid. tannicum,  
 Acid. gallicum,  
 Acid. boricum, (powder),  
 Ferri subsulphas, "  
 Ferri subsulphas, (Monse's sol.)  
 Alumen exsic.  
 Iodoformum.

## Vaginal Injections.

Alum. sulph. pulveris,	℥ ij.	
Zinc. sulph.	℥ ij.	
Zinc. acetat.	℥ iiss.	
Plumbi acetat.	℥ ij.	
Acid. tannici,	℥ ss.	
Sodæ boratis,	℥ ij.	

The preceding represents in drachms the quantity contained in a heaping teaspoonful of the drug, and may be prescribed in quantity with instructions to use a heaping teaspoonful to a pint of water, or dilute still further if necessary.

A tablespoonful of the Liquor plumbi subacetatis and two tablespoonfuls of common vinegar to a pint of water is a very favorite prescription of mine, and can recommend it highly. Carbolic acid may be added if necessary to either of the above prescriptions.

## External Pudendal Applications.

(1)

℞. Sodæ boratis,	℥ ss.	
Morphiæ sulph.	gr. vi.	
Aquæ Rosæ,	℥ vi.	

M. et Sig.  
 Apply with a sponge many times a day.

PROF. MEIGS.

(2)

℞. Sodæ boratis,	℥ ss.	
Morphiæ sulph.	gr. x.	
Acid. carbolic,	gr. x.	
Glycerinæ,	℥ ij.	
Aquæ dest.	℥ vi.	
ad		

M. et Sig.  
 Use frequently through the day.

(3)

℞. Chloroformi,	℥ i.	
Morphiæ sulph.		
Acid. carbol.	āā	gr. x.
Ol. amygdalæ,		
Vaseline,	āā	℥ ss.

M. et Sig.  
 Apply to vulva and vaginal orifice, several times a day.

(4)

℞. Unguent. zinci oxidi,	℥ iv.	
Ext. belladonnæ,	℥ i.	
Ext. opii,	℥ i.	
Vaseline,	℥ i.	

M. et ft. Unguent.  
 Sig.—Apply thoroughly twice or thrice daily.



Case No. .... Date .....

**GENERAL HISTORY.**

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term .....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

**CLINICAL HISTORY.**

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

.....

.....

.....

.....

.....

SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.

*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. ....

Date .....

### GENERAL HISTORY.

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

### PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

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Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

### CLINICAL HISTORY.

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

.....

.....

.....

.....

.....

SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*,.....  
*By what increased*,.....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.

*Anus and rectum*,.....  
*Perineum*,.....  
*Meatus urinarius*,..... *Urethra*,.....  
*Bladder*, .....

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UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*,..... *Sensation on pressure*,.....

PELVIS:—*Cul de sac*, ..... *Ligaments*,.....  
*Peritoneum*,..... *Tubes*,.....  
*Ovaries*,..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*,.....  
*Corporal Cavity*,.....  
*Depth*,..... *Mobility*,.....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*,..... *Os*,.....  
*Meatus Urinarius*,.....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION:.....  
BY PALPATION : .....  
BY MEASUREMENT:.....  
DIAGNOSIS : .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

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Hereditary predisposition, .....

PHYSIOLOGICAL HISTORY.

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Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

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Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

CLINICAL HISTORY.

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

.....

.....

.....

.....

.....

SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity.....oz. Color, ..... Odor, .....

Consistency, ..... Pain.....

Date of last period, .....

LEUCORRHEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*,.....  
*By what increased*,.....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*,.....  
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*Meatus urinarius*,..... *Urethra*,.....  
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 VAGINA:—*Os*, ..... *Walls*,.....  
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*Cervix*, .....  
*Body*, .....  
*Position*,.....*Sensation on pressure*,.....

PELVIS:—*Cul de sac*, .....*Ligaments*,.....  
*Peritoneum*,.....*Tubes*,.....  
*Ovaries*,..... *Abnormal growths*,.....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*,.....  
*Corporal Cavity*,.....  
*Depth*,..... *Mobility*,.....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
 VAGINA:— *Walls*,..... *Os*,.....  
*Meatus Urinarius*,.....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
 BY PALPATION : .....  
 BY MEASUREMENT:.....  
 DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

### GENERAL HISTORY.

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

### PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term, .....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

### CLINICAL HISTORY.

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....  
VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....  
PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....  
BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

GENERAL HISTORY.

Name, ..... Age, ..... years. Color, .....  
Nativity, ..... Residence, .....  
Avocation, ..... Social State, ..... Age at Marriage, ..... years.  
Hereditary predisposition, .....

PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.  
Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....  
Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term.....  
Character of labor, .....  
No. of abortions, ..... At what months, .....  
Causes, .....  
When last pregnant, ..... General health previous to marriage, .....  
General health previous to present illness, .....

CLINICAL HISTORY.

Date of present illness, .....  
Predicated cause, .....

GENERAL SYMPTOMS: .....  
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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.  
Quantity, ..... oz. Color, ..... Odor, .....  
Consistency, ..... Pain, .....  
Date of last period, .....

LEUCORRHOEA:—Character, .....  
When most profuse, .....  
Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

GENERAL HISTORY.

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term.....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

CLINICAL HISTORY.

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity.....oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.

*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....

UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....

BY PALPATION : .....

BY MEASUREMENT: .....

DIAGNOSIS : .....



TREATMENT:—



## SUBSEQUENT HISTORY:—



Case No. \_\_\_\_\_ Date \_\_\_\_\_

### GENERAL HISTORY.

Name, \_\_\_\_\_ Age, \_\_\_\_\_ years. Color, \_\_\_\_\_

Nativity, \_\_\_\_\_ Residence, \_\_\_\_\_

Avocation, \_\_\_\_\_ Social State, \_\_\_\_\_ Age at Marriage, \_\_\_\_\_ years.

Hereditary predisposition, \_\_\_\_\_

### PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, \_\_\_\_\_ years. Interval, \_\_\_\_\_ weeks.

Duration, \_\_\_\_\_ days. Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

PREGNANCY:—Age at first confinement, \_\_\_\_\_ years. No. of children at full term, \_\_\_\_\_

Character of labor, \_\_\_\_\_

No. of abortions, \_\_\_\_\_ At what months, \_\_\_\_\_

Causes, \_\_\_\_\_

When last pregnant, \_\_\_\_\_ General health previous to marriage, \_\_\_\_\_

General health previous to present illness, \_\_\_\_\_

### CLINICAL HISTORY.

Date of present illness, \_\_\_\_\_

Predicated cause, \_\_\_\_\_

GENERAL SYMPTOMS: \_\_\_\_\_

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, \_\_\_\_\_ weeks. Duration, \_\_\_\_\_ days.

Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

Date of last period, \_\_\_\_\_

LEUCORRHOEA:—Character, \_\_\_\_\_

When most profuse, \_\_\_\_\_

Continuance, \_\_\_\_\_ Quantity, \_\_\_\_\_



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.

*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....

UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....

BY PALPATION : .....

BY MEASUREMENT: .....

DIAGNOSIS : .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

**GENERAL HISTORY.**

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term, .....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

**CLINICAL HISTORY.**

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....  
VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....  
PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:—*Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS : .....



**TREATMENT:—**



SUBSEQUENT HISTORY:—



Case No. \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL HISTORY.**

Name, \_\_\_\_\_ Age, \_\_\_\_\_ years. Color, \_\_\_\_\_

Nativity, \_\_\_\_\_ Residence, \_\_\_\_\_

Avocation, \_\_\_\_\_ Social State, \_\_\_\_\_ Age at Marriage, \_\_\_\_\_ years.

Hereditary predisposition, \_\_\_\_\_

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, \_\_\_\_\_ years. Interval, \_\_\_\_\_ weeks.

Duration, \_\_\_\_\_ days. Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

PREGNANCY:—Age at first confinement, \_\_\_\_\_ years. No. of children at full term, \_\_\_\_\_

Character of labor, \_\_\_\_\_

No. of abortions, \_\_\_\_\_ At what months, \_\_\_\_\_

Causes, \_\_\_\_\_

When last pregnant, \_\_\_\_\_ General health previous to marriage, \_\_\_\_\_

General health previous to present illness, \_\_\_\_\_

**CLINICAL HISTORY.**

Date of present illness, \_\_\_\_\_

Predicated cause, \_\_\_\_\_

GENERAL SYMPTOMS: \_\_\_\_\_

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, \_\_\_\_\_ weeks. Duration, \_\_\_\_\_ days.

Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

Date of last period, \_\_\_\_\_

LEUCORRHOEA:—Character, \_\_\_\_\_

When most profuse, \_\_\_\_\_

Continuance, \_\_\_\_\_ Quantity, \_\_\_\_\_



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

**GENERAL HISTORY.**

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term, .....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

**CLINICAL HISTORY.**

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.

*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....

UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....

BY PALPATION : .....

BY MEASUREMENT: .....

DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

**GENERAL HISTORY.**

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term, .....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

**CLINICAL HISTORY.**

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.

*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....

UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....

BY PALPATION : .....

BY MEASUREMENT: .....

DIAGNOSIS : .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. \_\_\_\_\_ Date \_\_\_\_\_

### GENERAL HISTORY.

Name, \_\_\_\_\_ Age, \_\_\_\_\_ years. Color, \_\_\_\_\_

Nativity, \_\_\_\_\_ Residence, \_\_\_\_\_

Avocation, \_\_\_\_\_ Social State, \_\_\_\_\_ Age at Marriage, \_\_\_\_\_ years.

Hereditary predisposition, \_\_\_\_\_

### PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, \_\_\_\_\_ years. Interval, \_\_\_\_\_ weeks.

Duration, \_\_\_\_\_ days. Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

PREGNANCY:—Age at first confinement, \_\_\_\_\_ years. No. of children at full term, \_\_\_\_\_

Character of labor, \_\_\_\_\_

No. of abortions, \_\_\_\_\_, At what months, \_\_\_\_\_

Causes, \_\_\_\_\_

When last pregnant, \_\_\_\_\_ General health previous to marriage, \_\_\_\_\_

General health previous to present illness, \_\_\_\_\_

### CLINICAL HISTORY.

Date of present illness, \_\_\_\_\_

Predicated cause, \_\_\_\_\_

GENERAL SYMPTOMS: \_\_\_\_\_

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, \_\_\_\_\_ weeks. Duration, \_\_\_\_\_ days.

Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

Date of last period, \_\_\_\_\_

LEUCORRHOEA:—Character, \_\_\_\_\_

When most profuse, \_\_\_\_\_

Continuance, \_\_\_\_\_ Quantity, \_\_\_\_\_



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....  
VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....  
PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS: .....



TREATMENT:—



**SUBSEQUENT HISTORY:—**



Case No. \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL HISTORY.**

Name, \_\_\_\_\_ Age, \_\_\_\_\_ years. Color, \_\_\_\_\_

Nativity, \_\_\_\_\_ Residence, \_\_\_\_\_

Avocation, \_\_\_\_\_ Social State, \_\_\_\_\_ Age at Marriage, \_\_\_\_\_ years.

Hereditary predisposition, \_\_\_\_\_

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, \_\_\_\_\_ years. Interval, \_\_\_\_\_ weeks.

Duration, \_\_\_\_\_ days. Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

PREGNANCY:—Age at first confinement, \_\_\_\_\_ years. No. of children at full term, \_\_\_\_\_

Character of labor, \_\_\_\_\_

No. of abortions, \_\_\_\_\_ At what months, \_\_\_\_\_

Causes, \_\_\_\_\_

When last pregnant, \_\_\_\_\_ General health previous to marriage, \_\_\_\_\_

General health previous to present illness, \_\_\_\_\_

**CLINICAL HISTORY.**

Date of present illness, \_\_\_\_\_

Predicated cause, \_\_\_\_\_

GENERAL SYMPTOMS: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIAL SYMPTOMS:—Menstrual changes. Interval, \_\_\_\_\_ weeks. Duration, \_\_\_\_\_ days.

Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

Date of last period, \_\_\_\_\_

LEUCORRHOEA:—Character, \_\_\_\_\_

When most profuse, \_\_\_\_\_

Continuance, \_\_\_\_\_ Quantity, \_\_\_\_\_



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.

*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....

UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. ....

Date .....

### GENERAL HISTORY.

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

### PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term. ....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

### CLINICAL HISTORY.

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....  
*VAGINA*:—*Os*, ..... *Walls*, .....  
*UTERUS*:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

*PELVIS*:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—*UTERUS*:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—*UTERUS*:—*Os*, .....  
*Cervix*, .....  
*VAGINA*:— *Walls*, ..... *Os*, .....  
*Meatus Urinariis*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

**GENERAL HISTORY.**

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term.....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

**CLINICAL HISTORY.**

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS : .....



**TREATMENT:—**



SUBSEQUENT HISTORY:—



Case No. \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL HISTORY.**

Name, \_\_\_\_\_ Age, \_\_\_\_\_ years. Color, \_\_\_\_\_

Nativity, \_\_\_\_\_ Residence, \_\_\_\_\_

Avocation, \_\_\_\_\_ Social State, \_\_\_\_\_ Age at Marriage, \_\_\_\_\_ years.

Hereditary predisposition, \_\_\_\_\_

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, \_\_\_\_\_ years. Interval, \_\_\_\_\_ weeks.

Duration, \_\_\_\_\_ days. Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

PREGNANCY:—Age at first confinement, \_\_\_\_\_ years. No. of children at full term, \_\_\_\_\_

Character of labor, \_\_\_\_\_

No. of abortions, \_\_\_\_\_ At what months, \_\_\_\_\_

Causes, \_\_\_\_\_

When last pregnant, \_\_\_\_\_ General health previous to marriage, \_\_\_\_\_

General health previous to present illness, \_\_\_\_\_

**CLINICAL HISTORY.**

Date of present illness, \_\_\_\_\_

Predicated cause, \_\_\_\_\_

GENERAL SYMPTOMS: \_\_\_\_\_

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, \_\_\_\_\_ weeks. Duration, \_\_\_\_\_ days.

Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

Date of last period, \_\_\_\_\_

LEUCORRHOEA:—Character, \_\_\_\_\_

When most profuse, \_\_\_\_\_

Continuance, \_\_\_\_\_ Quantity, \_\_\_\_\_



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.

*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....

UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:—*Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....

BY PALPATION : .....

BY MEASUREMENT: .....

DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

**GENERAL HISTORY.**

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term .....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

**CLINICAL HISTORY.**

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
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*Meatus urinarius*, ..... *Urethra*, .....  
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VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS : .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

**GENERAL HISTORY.**

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term.....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

**CLINICAL HISTORY.**

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:—*Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS : .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

GENERAL HISTORY.

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term.....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

CLINICAL HISTORY.

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....  
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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*,.....  
*By what increased*,.....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*,.....  
*Perineum*,.....  
*Meatus urinarius*,..... *Urethra*,.....  
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 VAGINA:—*Os*, ..... *Walls*,.....  
 UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*,..... *Sensation on pressure*,.....

PELVIS:—*Cul de sac*, ..... *Ligaments*,.....  
*Peritoneum*,..... *Tubes*,.....  
*Ovaries*,..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*,.....  
*Corporal Cavity*,.....  
*Depth*,..... *Mobility*,.....

BY SIGHT—UTERUS:—*Os*,.....  
*Cervix*, .....  
 VAGINA:— *Walls*,..... *Os*, .....  
*Meatus Urinarius*,.....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION:.....  
 BY PALPATION : .....  
 BY MEASUREMENT:.....  
 DIAGNOSIS : .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

GENERAL HISTORY.

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term .....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

CLINICAL HISTORY.

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
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*Meatus urinarius*, ..... *Urethra*, .....  
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VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
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BY PROBE—UTERUS:—*Os*, .....  
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*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS : .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

GENERAL HISTORY.

Name, ..... Age, ..... years. Color, .....  
Nativity, ..... Residence, .....  
Avocation, ..... Social State, ..... Age at Marriage, ..... years.  
Hereditary predisposition, .....

PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.  
Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....  
Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term.....  
Character of labor, .....  
No. of abortions, ..... At what months, .....  
Causes, .....  
When last pregnant, ..... General health previous to marriage, .....  
General health previous to present illness, .....

CLINICAL HISTORY.

Date of present illness, .....  
Predicated cause, .....

GENERAL SYMPTOMS: .....  
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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.  
Quantity ..... oz. Color, ..... Odor, .....  
Consistency, ..... Pain, .....  
Date of last period, .....

LEUCORRHOEA:—Character, .....  
When most profuse, .....  
Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
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 VAGINA:—*Os*, ..... *Walls*, .....  
 UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....  
 PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
 VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
 BY PALPATION : .....  
 BY MEASUREMENT: .....  
 DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

GENERAL HISTORY.

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term, .....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

CLINICAL HISTORY.

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....  
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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, ..... \*

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.

*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....

UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....

VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....

BY PALPATION : .....

BY MEASUREMENT: .....

DIAGNOSIS : .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. \_\_\_\_\_ Date \_\_\_\_\_

GENERAL HISTORY.

Name, \_\_\_\_\_ Age, \_\_\_\_\_ years. Color, \_\_\_\_\_

Nativity, \_\_\_\_\_ Residence, \_\_\_\_\_

Avocation, \_\_\_\_\_ Social State, \_\_\_\_\_ Age at Marriage, \_\_\_\_\_ years.

Hereditary predisposition, \_\_\_\_\_

PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, \_\_\_\_\_ years. Interval, \_\_\_\_\_ weeks.

Duration, \_\_\_\_\_ days. Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

PREGNANCY:—Age at first confinement, \_\_\_\_\_ years. No. of children at full term, \_\_\_\_\_

Character of labor, \_\_\_\_\_

No. of abortions, \_\_\_\_\_ At what months, \_\_\_\_\_

Causes, \_\_\_\_\_

When last pregnant, \_\_\_\_\_ General health previous to marriage, \_\_\_\_\_

General health previous to present illness, \_\_\_\_\_

CLINICAL HISTORY.

Date of present illness, \_\_\_\_\_

Predicated cause, \_\_\_\_\_

GENERAL SYMPTOMS: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIAL SYMPTOMS:—Menstrual changes. Interval, \_\_\_\_\_ weeks. Duration, \_\_\_\_\_ days.

Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

Date of last period, \_\_\_\_\_

LEUCORRHŒA:—Character, \_\_\_\_\_

When most profuse, \_\_\_\_\_

Continuance, \_\_\_\_\_ Quantity, \_\_\_\_\_



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....  
 UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
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BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
 VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
 BY PALPATION : .....  
 BY MEASUREMENT: .....  
 DIAGNOSIS : .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

**GENERAL HISTORY.**

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term, .....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

**CLINICAL HISTORY.**

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.

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*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....

BY PALPATION : .....

BY MEASUREMENT: .....

DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. ....

Date .....

**GENERAL HISTORY.**

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term .....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

**CLINICAL HISTORY.**

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
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*Cervix*, .....  
VAGINA:—*Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS: .....



TREATMENT:—



**SUBSEQUENT HISTORY:—**



Case No. .... Date .....

GENERAL HISTORY.

Name, ..... Age, ..... years. Color, .....  
Nativity, ..... Residence, .....  
Avocation, ..... Social State, ..... Age at Marriage, ..... years.  
Hereditary predisposition, .....

PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.  
Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....  
Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term, .....  
Character of labor, .....  
No. of abortions, ..... At what months, .....  
Causes, .....  
When last pregnant, ..... General health previous to marriage, .....  
General health previous to present illness, .....

CLINICAL HISTORY.

Date of present illness, .....  
Predicated cause, .....

GENERAL SYMPTOMS: .....  
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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.  
Quantity, ..... oz. Color, ..... Odor, .....  
Consistency, ..... Pain, .....  
Date of last period, .....

LEUCORRHOEA:—Character, .....  
When most profuse, .....  
Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
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PHYSICAL SIGNS.

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*Depth*, ..... *Mobility*, .....

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*Cervix*, .....  
VAGINA:—*Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

**GENERAL HISTORY.**

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term .....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

**CLINICAL HISTORY.**

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
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*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
 VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
 BY PALPATION : .....  
 BY MEASUREMENT: .....  
 DIAGNOSIS: .....



TREATMENT:—



**SUBSEQUENT HISTORY:—**



Case No. .... Date .....

**GENERAL HISTORY.**

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term, .....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

**CLINICAL HISTORY.**

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

PHYSICAL SIGNS.

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*Body*, .....

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*Cervix*, .....

VAGINA:— *Walls*, ..... *Os*, .....

*Meatus Urinarius*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....

BY PALPATION : .....

BY MEASUREMENT: .....

DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

**GENERAL HISTORY.**

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

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Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

**CLINICAL HISTORY.**

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*,.....  
*By what increased*,.....  
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PHYSICAL SIGNS.

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*Depth*,..... *Mobility*,.....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
 VAGINA:— *Walls*,..... *Os*,.....  
*Meatus Urinarius*,.....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION:.....  
 BY PALPATION : .....  
 BY MEASUREMENT:.....  
 DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

GENERAL HISTORY.

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term, .....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

CLINICAL HISTORY.

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
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PHYSICAL SIGNS.

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VAGINA:— *Walls*, ..... *Os*, .....  
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EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS: .....



TREATMENT:—



**SUBSEQUENT HISTORY:—**



Case No. .... Date .....

**GENERAL HISTORY.**

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term, .....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

**CLINICAL HISTORY.**

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.

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VAGINA:—*Os*, ..... *Walls*, .....

UTERUS:—*Os*, .....  
*Cervix*, .....  
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*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....

BY PALPATION : .....

BY MEASUREMENT: .....

DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

GENERAL HISTORY.

Name, ..... Age, ..... years. Color, .....  
Nativity, ..... Residence, .....  
Avocation, ..... Social State, ..... Age at Marriage, ..... years.  
Hereditary predisposition, .....

PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.  
Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....  
Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term, .....  
Character of labor, .....  
No. of abortions, ..... At what months, .....  
Causes, .....  
When last pregnant, ..... General health previous to marriage, .....  
General health previous to present illness, .....

CLINICAL HISTORY.

Date of present illness, .....  
Predicated cause, .....

GENERAL SYMPTOMS: .....  
.....  
.....  
.....  
.....  
.....

SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.  
Quantity ..... oz. Color, ..... Odor, .....  
Consistency, ..... Pain, .....  
Date of last period, .....

LEUCORRHOEA:—Character, .....  
When most profuse, .....  
Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.

*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....

UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....

BY PALPATION : .....

BY MEASUREMENT: .....

DIAGNOSIS : .....



TREATMENT:—

.



**SUBSEQUENT HISTORY:—**



Case No. \_\_\_\_\_ Date \_\_\_\_\_

GENERAL HISTORY.

Name, \_\_\_\_\_ Age, \_\_\_\_\_ years. Color, \_\_\_\_\_

Nativity, \_\_\_\_\_ Residence, \_\_\_\_\_

Avocation, \_\_\_\_\_ Social State, \_\_\_\_\_ Age at Marriage, \_\_\_\_\_ years.

Hereditary predisposition, \_\_\_\_\_

PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, \_\_\_\_\_ years. Interval, \_\_\_\_\_ weeks.

Duration, \_\_\_\_\_ days. Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

PREGNANCY:—Age at first confinement, \_\_\_\_\_ years. No. of children at full term, \_\_\_\_\_

Character of labor, \_\_\_\_\_

No. of abortions, \_\_\_\_\_ At what months, \_\_\_\_\_

Causes, \_\_\_\_\_

When last pregnant, \_\_\_\_\_ General health previous to marriage, \_\_\_\_\_

General health previous to present illness, \_\_\_\_\_

CLINICAL HISTORY.

Date of present illness, \_\_\_\_\_

Predicated cause, \_\_\_\_\_

GENERAL SYMPTOMS: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL SYMPTOMS:—Menstrual changes. Interval, \_\_\_\_\_ weeks. Duration, \_\_\_\_\_ days.

Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

Date of last period, \_\_\_\_\_

LEUCORRHOEA:—Character, \_\_\_\_\_

When most profuse, \_\_\_\_\_

Continuance, \_\_\_\_\_ Quantity, \_\_\_\_\_



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*,.....  
*By what increased*,.....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*,.....  
*Perineum*,.....  
*Meatus urinarius*,..... *Urethra*,.....  
*Bladder*, .....  
VAGINA:—*Os*, ..... *Walls*,.....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*,..... *Sensation on pressure*,.....

PELVIS:—*Cul de sac*, ..... *Ligaments*,.....  
*Peritoneum*,..... *Tubes*,.....  
*Ovaries*,..... *Abnormal growths*,.....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*,.....  
*Corporal Cavity*,.....  
*Depth*,..... *Mobility*,.....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*,..... *Os*,.....  
*Meatus Urinarius*,.....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION:.....  
BY PALPATION : .....  
BY MEASUREMENT:.....  
DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL HISTORY.**

Name, \_\_\_\_\_ Age, \_\_\_\_\_ years. Color, \_\_\_\_\_

Nativity, \_\_\_\_\_ Residence, \_\_\_\_\_

Avocation, \_\_\_\_\_ Social State, \_\_\_\_\_ Age at Marriage, \_\_\_\_\_ years.

Hereditary predisposition, \_\_\_\_\_

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, \_\_\_\_\_ years. Interval, \_\_\_\_\_ weeks.

Duration, \_\_\_\_\_ days. Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

PREGNANCY:—Age at first confinement, \_\_\_\_\_ years. No. of children at full term, \_\_\_\_\_

Character of labor, \_\_\_\_\_

No. of abortions, \_\_\_\_\_ At what months, \_\_\_\_\_

Causes, \_\_\_\_\_

When last pregnant, \_\_\_\_\_ General health previous to marriage, \_\_\_\_\_

General health previous to present illness, \_\_\_\_\_

**CLINICAL HISTORY.**

Date of present illness, \_\_\_\_\_

Predicated cause, \_\_\_\_\_

GENERAL SYMPTOMS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIAL SYMPTOMS:—Menstrual changes. Interval, \_\_\_\_\_ weeks. Duration, \_\_\_\_\_ days.

Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

Date of last period, \_\_\_\_\_

LEUCORRHOEA:—Character, \_\_\_\_\_

When most profuse, \_\_\_\_\_

Continuance, \_\_\_\_\_ Quantity, \_\_\_\_\_



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.

*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....

UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....

BY PALPATION : .....

BY MEASUREMENT: .....

DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. \_\_\_\_\_ Date \_\_\_\_\_

GENERAL HISTORY.

Name, \_\_\_\_\_ Age, \_\_\_\_\_ years. Color, \_\_\_\_\_

Nativity, \_\_\_\_\_ Residence, \_\_\_\_\_

Avocation, \_\_\_\_\_ Social State, \_\_\_\_\_ Age at Marriage, \_\_\_\_\_ years.

Hereditary predisposition, \_\_\_\_\_

PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, \_\_\_\_\_ years. Interval, \_\_\_\_\_ weeks.

Duration, \_\_\_\_\_ days. Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

PREGNANCY:—Age at first confinement, \_\_\_\_\_ years. No. of children at full term, \_\_\_\_\_

Character of labor, \_\_\_\_\_

No. of abortions, \_\_\_\_\_ At what months, \_\_\_\_\_

Causes, \_\_\_\_\_

When last pregnant, \_\_\_\_\_ General health previous to marriage, \_\_\_\_\_

General health previous to present illness, \_\_\_\_\_

CLINICAL HISTORY.

Date of present illness, \_\_\_\_\_

Predicated cause, \_\_\_\_\_

GENERAL SYMPTOMS: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIAL SYMPTOMS:—Menstrual changes. Interval, \_\_\_\_\_ weeks. Duration, \_\_\_\_\_ days.

Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

Date of last period, \_\_\_\_\_

LEUCORRHOEA:—Character, \_\_\_\_\_

When most profuse, \_\_\_\_\_

Continuance, \_\_\_\_\_ Quantity, \_\_\_\_\_



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....  
 UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....  
 PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
 VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
 BY PALPATION : .....  
 BY MEASUREMENT: .....  
 DIAGNOSIS : .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

GENERAL HISTORY.

Name, ..... Age, ..... years. Color, .....  
Nativity, ..... Residence, .....  
Avocation, ..... Social State, ..... Age at Marriage, ..... years.  
Hereditary predisposition, .....

PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.  
Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....  
Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term, .....  
Character of labor, .....  
No. of abortions, ..... At what months, .....  
Causes, .....  
When last pregnant, ..... General health previous to marriage, .....  
General health previous to present illness, .....

CLINICAL HISTORY.

Date of present illness, .....  
Predicated cause, .....

GENERAL SYMPTOMS: .....  
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.....

SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.  
Quantity, ..... oz. Color, ..... Odor, .....  
Consistency, ..... Pain, .....  
Date of last period, .....

LEUCORRHOEA:—Character, .....  
When most profuse, .....  
Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.

*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:—*Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....

BY PALPATION : .....

BY MEASUREMENT: .....

DIAGNOSIS : .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. \_\_\_\_\_ Date \_\_\_\_\_

GENERAL HISTORY.

Name, \_\_\_\_\_ Age, \_\_\_\_\_ years. Color, \_\_\_\_\_

Nativity, \_\_\_\_\_ Residence, \_\_\_\_\_

Avocation, \_\_\_\_\_ Social State, \_\_\_\_\_ Age at Marriage, \_\_\_\_\_ years.

Hereditary predisposition, \_\_\_\_\_

PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, \_\_\_\_\_ years. Interval, \_\_\_\_\_ weeks.

Duration, \_\_\_\_\_ days. Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

PREGNANCY:—Age at first confinement, \_\_\_\_\_ years. No. of children at full term, \_\_\_\_\_

Character of labor, \_\_\_\_\_

No. of abortions, \_\_\_\_\_ At what months, \_\_\_\_\_

Causes, \_\_\_\_\_

When last pregnant, \_\_\_\_\_ General health previous to marriage, \_\_\_\_\_

General health previous to present illness, \_\_\_\_\_

CLINICAL HISTORY.

Date of present illness, \_\_\_\_\_

Predicated cause, \_\_\_\_\_

GENERAL SYMPTOMS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIAL SYMPTOMS:—Menstrual changes. Interval, \_\_\_\_\_ weeks. Duration, \_\_\_\_\_ days.

Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

Date of last period, \_\_\_\_\_

LEUCORRHOEA:—Character, \_\_\_\_\_

When most profuse, \_\_\_\_\_

Continuance, \_\_\_\_\_ Quantity, \_\_\_\_\_



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:—*Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS : .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. \_\_\_\_\_ Date \_\_\_\_\_

GENERAL HISTORY.

Name, \_\_\_\_\_ Age, \_\_\_\_\_ years. Color, \_\_\_\_\_

Nativity, \_\_\_\_\_ Residence, \_\_\_\_\_

Avocation, \_\_\_\_\_ Social State, \_\_\_\_\_ Age at Marriage, \_\_\_\_\_ years.

Hereditary predisposition, \_\_\_\_\_

PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, \_\_\_\_\_ years. Interval, \_\_\_\_\_ weeks.

Duration, \_\_\_\_\_ days. Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

PREGNANCY:—Age at first confinement, \_\_\_\_\_ years. No. of children at full term, \_\_\_\_\_

Character of labor, \_\_\_\_\_

No. of abortions, \_\_\_\_\_ At what months, \_\_\_\_\_

Causes, \_\_\_\_\_

When last pregnant, \_\_\_\_\_ General health previous to marriage, \_\_\_\_\_

General health previous to present illness, \_\_\_\_\_

CLINICAL HISTORY.

Date of present illness, \_\_\_\_\_

Predicated cause, \_\_\_\_\_

GENERAL SYMPTOMS: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIAL SYMPTOMS:—Menstrual changes. Interval, \_\_\_\_\_ weeks. Duration, \_\_\_\_\_ days.

Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

Date of last period, \_\_\_\_\_

LEUCORRŒA:—Character, \_\_\_\_\_

When most profuse, \_\_\_\_\_

Continuance, \_\_\_\_\_ Quantity, \_\_\_\_\_



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....  
VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....  
PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....  
BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:—*Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS: .....



TREATMENT:—



**SUBSEQUENT HISTORY:—**



Case No. .... Date .....

**GENERAL HISTORY.**

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term, .....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

**CLINICAL HISTORY.**

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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.....

SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL HISTORY.**

Name, \_\_\_\_\_ Age, \_\_\_\_\_ years. Color, \_\_\_\_\_

Nativity, \_\_\_\_\_ Residence, \_\_\_\_\_

Avocation, \_\_\_\_\_ Social State, \_\_\_\_\_ Age at Marriage, \_\_\_\_\_ years.

Hereditary predisposition, \_\_\_\_\_

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, \_\_\_\_\_ years. Interval, \_\_\_\_\_ weeks.

Duration, \_\_\_\_\_ days. Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

PREGNANCY:—Age at first confinement, \_\_\_\_\_ years. No. of children at full term, \_\_\_\_\_

Character of labor, \_\_\_\_\_

No. of abortions, \_\_\_\_\_ At what months, \_\_\_\_\_

Causes, \_\_\_\_\_

When last pregnant, \_\_\_\_\_ General health previous to marriage, \_\_\_\_\_

General health previous to present illness, \_\_\_\_\_

**CLINICAL HISTORY.**

Date of present illness, \_\_\_\_\_

Predicated cause, \_\_\_\_\_

GENERAL SYMPTOMS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIAL SYMPTOMS:—Menstrual changes. Interval, \_\_\_\_\_ weeks. Duration, \_\_\_\_\_ days.

Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

Date of last period, \_\_\_\_\_

LEUCORRHOEA:—Character, \_\_\_\_\_

When most profuse, \_\_\_\_\_

Continuance, \_\_\_\_\_ Quantity, \_\_\_\_\_



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....  
VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....  
PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:—*Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION: .....  
BY MEASUREMENT: .....  
DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. \_\_\_\_\_ Date \_\_\_\_\_

### GENERAL HISTORY.

Name, \_\_\_\_\_ Age, \_\_\_\_\_ years. Color, \_\_\_\_\_

Nativity, \_\_\_\_\_ Residence, \_\_\_\_\_

Avocation, \_\_\_\_\_ Social State, \_\_\_\_\_ Age at Marriage, \_\_\_\_\_ years.

Hereditary predisposition, \_\_\_\_\_

### PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, \_\_\_\_\_ years. Interval, \_\_\_\_\_ weeks.

Duration, \_\_\_\_\_ days. Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

PREGNANCY:—Age at first confinement, \_\_\_\_\_ years. No. of children at full term, \_\_\_\_\_

Character of labor, \_\_\_\_\_

No. of abortions, \_\_\_\_\_ At what months, \_\_\_\_\_

Causes, \_\_\_\_\_

When last pregnant, \_\_\_\_\_ General health previous to marriage, \_\_\_\_\_

General health previous to present illness, \_\_\_\_\_

### CLINICAL HISTORY.

Date of present illness, \_\_\_\_\_

Predicated cause, \_\_\_\_\_

GENERAL SYMPTOMS: \_\_\_\_\_

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, \_\_\_\_\_ weeks. Duration, \_\_\_\_\_ days.

Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

Date of last period, \_\_\_\_\_

LEUCORRHOEA:—Character, \_\_\_\_\_

When most profuse, \_\_\_\_\_

Continuance, \_\_\_\_\_ Quantity, \_\_\_\_\_



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.

*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....

UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:—*Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....

BY PALPATION: .....

BY MEASUREMENT: .....

DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

GENERAL HISTORY.

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term.....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

CLINICAL HISTORY.

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity.....oz. Color, ..... Odor, .....

Consistency, ..... Pain.....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....  
VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:—*Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....

BY PALPATION: .....

BY MEASUREMENT: .....

DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

**GENERAL HISTORY.**

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term, .....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

**CLINICAL HISTORY.**

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHŒA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....  
VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....  
PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS : .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL HISTORY.**

Name, \_\_\_\_\_ Age, \_\_\_\_\_ years. Color, \_\_\_\_\_

Nativity, \_\_\_\_\_ Residence, \_\_\_\_\_

Avocation, \_\_\_\_\_ Social State, \_\_\_\_\_ Age at Marriage, \_\_\_\_\_ years.

Hereditary predisposition, \_\_\_\_\_

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, \_\_\_\_\_ years. Interval, \_\_\_\_\_ weeks.

Duration, \_\_\_\_\_ days. Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

PREGNANCY:—Age at first confinement, \_\_\_\_\_ years. No. of children at full term, \_\_\_\_\_

Character of labor, \_\_\_\_\_

No. of abortions, \_\_\_\_\_ At what months, \_\_\_\_\_

Causes, \_\_\_\_\_

When last pregnant, \_\_\_\_\_ General health previous to marriage, \_\_\_\_\_

General health previous to present illness, \_\_\_\_\_

**CLINICAL HISTORY.**

Date of present illness, \_\_\_\_\_

Predicated cause, \_\_\_\_\_

GENERAL SYMPTOMS: \_\_\_\_\_

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, \_\_\_\_\_ weeks. Duration, \_\_\_\_\_ days.

Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

Date of last period, \_\_\_\_\_

LEUCORRHOEA:—Character, \_\_\_\_\_

When most profuse, \_\_\_\_\_

Continuance, \_\_\_\_\_ Quantity, \_\_\_\_\_



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....  
VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*. ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS : .....



TREATMENT:—



SUBSEQUENT HISTORY:—

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Case No. .... Date .....

**GENERAL HISTORY.**

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term, .....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

**CLINICAL HISTORY.**

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHŒA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

### PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.

*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

### EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....

BY PALPATION : .....

BY MEASUREMENT: .....

DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. \_\_\_\_\_ Date \_\_\_\_\_

GENERAL HISTORY.

Name, \_\_\_\_\_ Age, \_\_\_\_\_ years. Color, \_\_\_\_\_

Nativity, \_\_\_\_\_ Residence, \_\_\_\_\_

Avocation, \_\_\_\_\_ Social State, \_\_\_\_\_ Age at Marriage, \_\_\_\_\_ years.

Hereditary predisposition, \_\_\_\_\_

PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, \_\_\_\_\_ years. Interval, \_\_\_\_\_ weeks.

Duration, \_\_\_\_\_ days. Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

PREGNANCY:—Age at first confinement, \_\_\_\_\_ years. No. of children at full term, \_\_\_\_\_

Character of labor, \_\_\_\_\_

No. of abortions, \_\_\_\_\_ At what months, \_\_\_\_\_

Causes, \_\_\_\_\_

When last pregnant, \_\_\_\_\_ General health previous to marriage, \_\_\_\_\_

General health previous to present illness, \_\_\_\_\_

CLINICAL HISTORY.

Date of present illness, \_\_\_\_\_

Predicated cause, \_\_\_\_\_

GENERAL SYMPTOMS: \_\_\_\_\_

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, \_\_\_\_\_ weeks. Duration, \_\_\_\_\_ days.

Quantity \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

Date of last period, \_\_\_\_\_

LEUCORRHOEA:—Character, \_\_\_\_\_

When most profuse, \_\_\_\_\_

Continuance, \_\_\_\_\_ Quantity, \_\_\_\_\_



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....

VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....  
PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

GENERAL HISTORY.

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term.....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

CLINICAL HISTORY.

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity.....oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....  
VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....  
PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS: .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. .... Date .....

**GENERAL HISTORY.**

Name, ..... Age, ..... years. Color, .....

Nativity, ..... Residence, .....

Avocation, ..... Social State, ..... Age at Marriage, ..... years.

Hereditary predisposition, .....

**PHYSIOLOGICAL HISTORY.**

MENSTRUATION:—Age at beginning, ..... years. Interval, ..... weeks.

Duration, ..... days. Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

PREGNANCY:—Age at first confinement, ..... years. No. of children at full term, .....

Character of labor, .....

No. of abortions, ..... At what months, .....

Causes, .....

When last pregnant, ..... General health previous to marriage, .....

General health previous to present illness, .....

**CLINICAL HISTORY.**

Date of present illness, .....

Predicated cause, .....

GENERAL SYMPTOMS: .....

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, ..... weeks. Duration, ..... days.

Quantity, ..... oz. Color, ..... Odor, .....

Consistency, ..... Pain, .....

Date of last period, .....

LEUCORRHOEA:—Character, .....

When most profuse, .....

Continuance, ..... Quantity, .....



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....  
VAGINA:—*Os*, ..... *Walls*, .....  
UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*. ..... *Sensation on pressure*, .....

PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
VAGINA:— *Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
BY PALPATION : .....  
BY MEASUREMENT: .....  
DIAGNOSIS : .....



TREATMENT:—



SUBSEQUENT HISTORY:—



Case No. \_\_\_\_\_ Date \_\_\_\_\_

### GENERAL HISTORY.

Name, \_\_\_\_\_ Age, \_\_\_\_\_ years. Color, \_\_\_\_\_

Nativity, \_\_\_\_\_ Residence, \_\_\_\_\_

Avocation, \_\_\_\_\_ Social State, \_\_\_\_\_ Age at Marriage, \_\_\_\_\_ years.

Hereditary predisposition, \_\_\_\_\_

### PHYSIOLOGICAL HISTORY.

MENSTRUATION:—Age at beginning, \_\_\_\_\_ years. Interval, \_\_\_\_\_ weeks.

Duration, \_\_\_\_\_ days. Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

PREGNANCY:—Age at first confinement, \_\_\_\_\_ years. No. of children at full term, \_\_\_\_\_

Character of labor, \_\_\_\_\_

No. of abortions, \_\_\_\_\_ At what months, \_\_\_\_\_

Causes, \_\_\_\_\_

When last pregnant, \_\_\_\_\_ General health previous to marriage, \_\_\_\_\_

General health previous to present illness, \_\_\_\_\_

### CLINICAL HISTORY.

Date of present illness, \_\_\_\_\_

Predicated cause, \_\_\_\_\_

GENERAL SYMPTOMS: \_\_\_\_\_

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SPECIAL SYMPTOMS:—Menstrual changes. Interval, \_\_\_\_\_ weeks. Duration, \_\_\_\_\_ days.

Quantity, \_\_\_\_\_ oz. Color, \_\_\_\_\_ Odor, \_\_\_\_\_

Consistency, \_\_\_\_\_ Pain, \_\_\_\_\_

Date of last period, \_\_\_\_\_

LEUCORRHOEA:—Character, \_\_\_\_\_

When most profuse, \_\_\_\_\_

Continuance, \_\_\_\_\_ Quantity, \_\_\_\_\_



PELVIC and ABDOMINAL PAINS:—*Location*, .....  
*Character*, .....  
*By what increased*, .....  
*How mitigated*, .....

PHYSICAL SIGNS.

BY TOUCH and BIMANUAL MANIPULATION—RELATIVE ORGANS.  
*Anus and rectum*, .....  
*Perineum*, .....  
*Meatus urinarius*, ..... *Urethra*, .....  
*Bladder*, .....  
 VAGINA:—*Os*, ..... *Walls*, .....  
 UTERUS:—*Os*, .....  
*Cervix*, .....  
*Body*, .....  
*Position*, ..... *Sensation on pressure*, .....  
 PELVIS:—*Cul de sac*, ..... *Ligaments*, .....  
*Peritoneum*, ..... *Tubes*, .....  
*Ovaries*, ..... *Abnormal growths*, .....

BY PROBE—UTERUS:—*Os*, .....  
*Cervical Canal*, .....  
*Corporal Cavity*, .....  
*Depth*, ..... *Mobility*, .....

BY SIGHT—UTERUS:—*Os*, .....  
*Cervix*, .....  
 VAGINA:—*Walls*, ..... *Os*, .....  
*Meatus Urinarius*, .....

EXTERNAL ABDOMINAL EXAMINATION.

BY INSPECTION: .....  
 BY PALPATION : .....  
 BY MEASUREMENT: .....  
 DIAGNOSIS : .....



TREATMENT:—



## SUBSEQUENT HISTORY:—













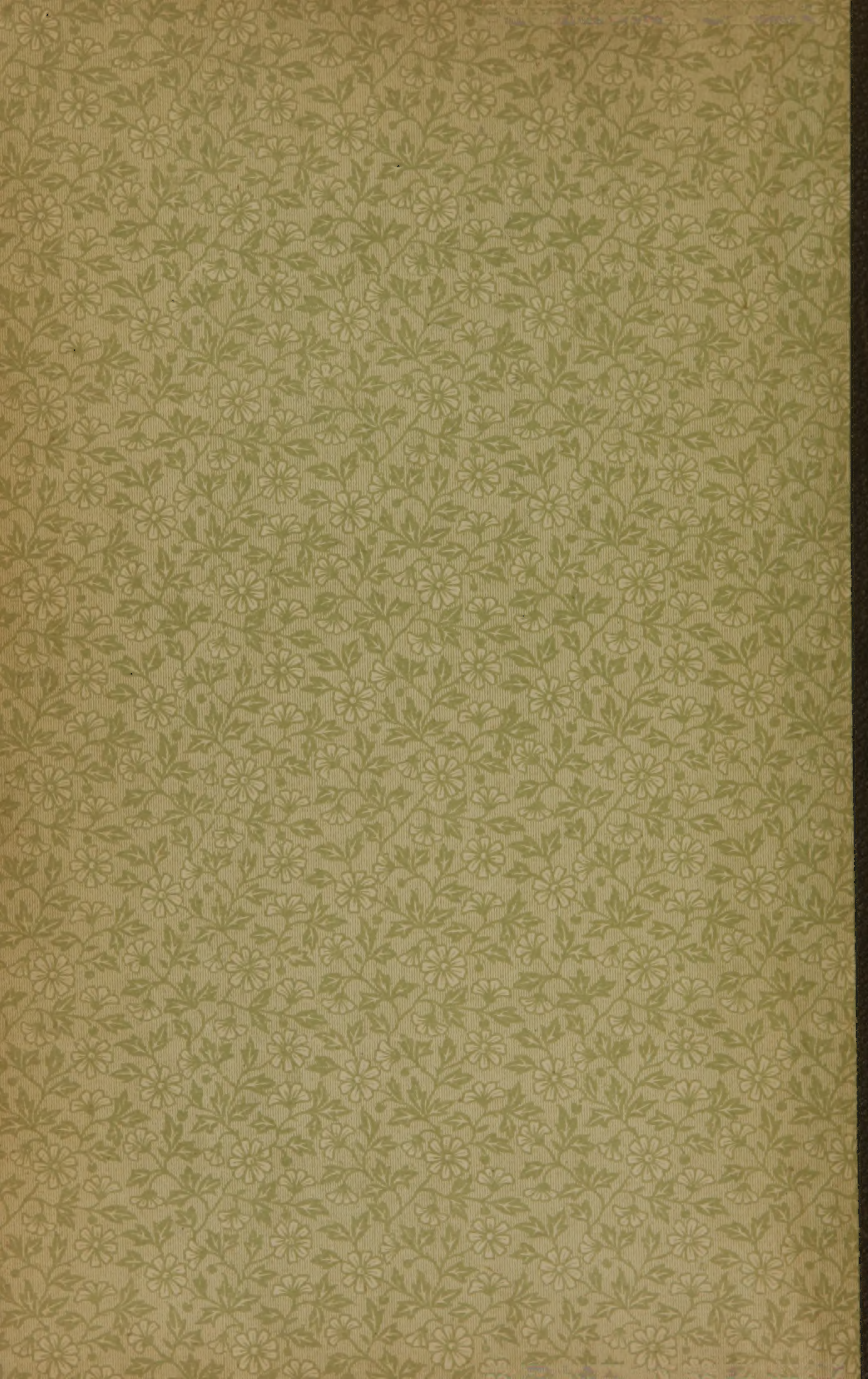




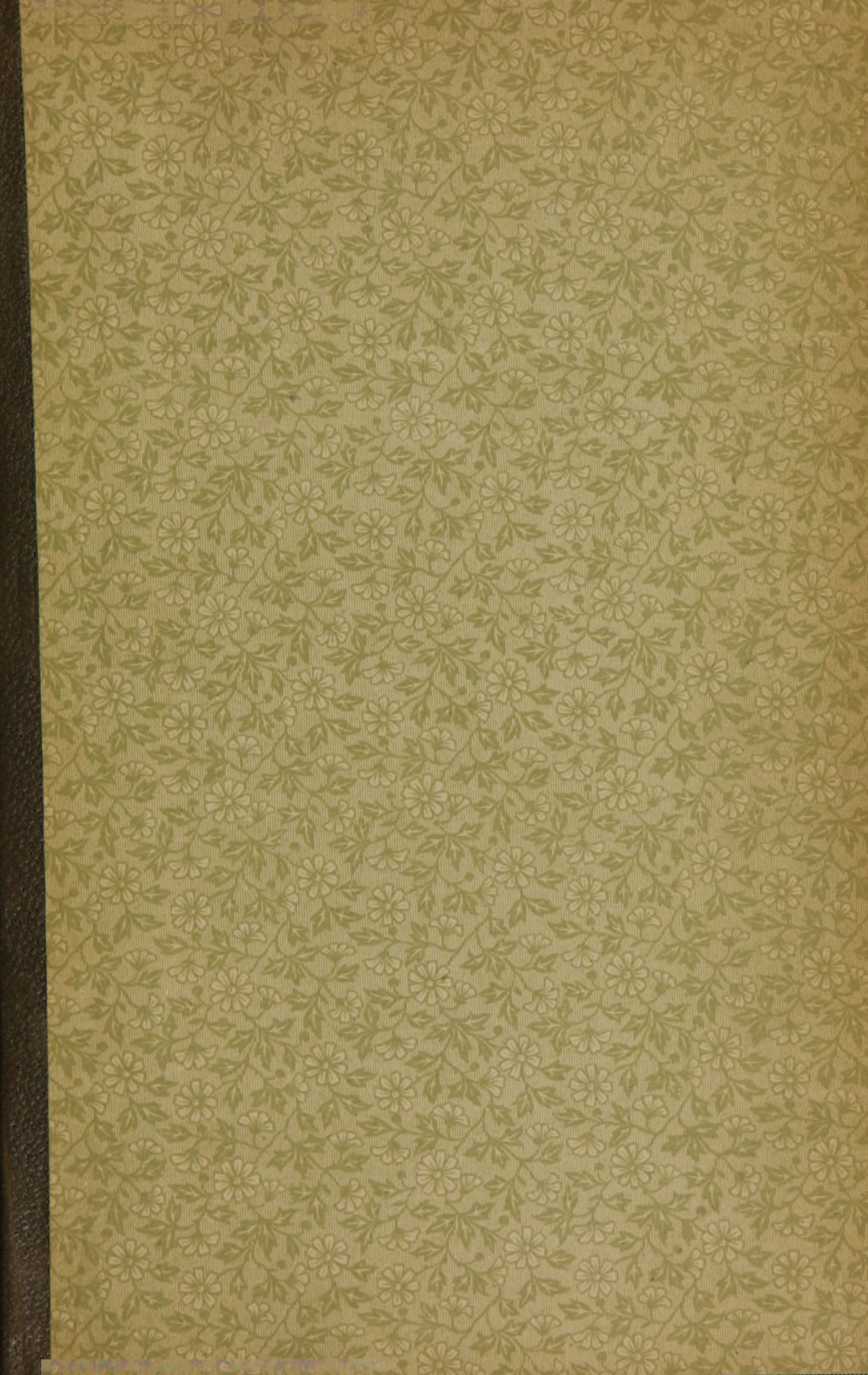






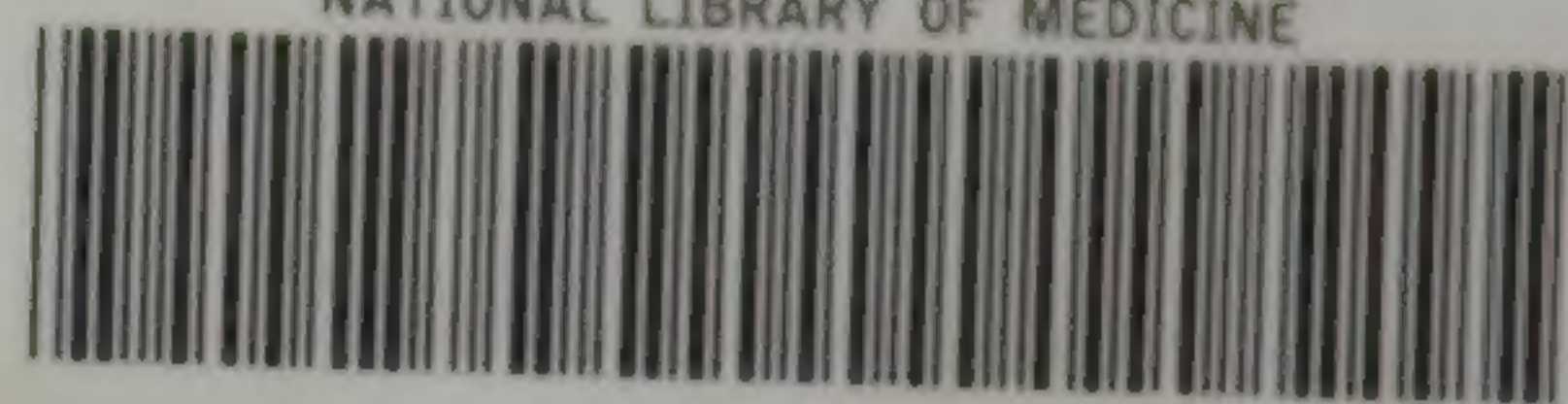








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